



## PART B - FEE(S) TRANSMITTAL

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CONSENT CHARGE IN CONSENT CHARGE I

27869

APPLICATION NO.

09/778,245

SKJERVEN MORRILL LLP THREE EMBARCADERO CENTER, 28TH FLOOR SAN FRANCISCO, CA 94111

PILING DATE

02/06/2001

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Loni M	Ioni M. Cummings				
- Soul	)4/V			(Signature)	
Turne 1	1 2003			(Data)	
FIRST NAMED INVENTOR	ATTORNE	Y DOCKET	NO. CONF	RMATION NO.	

9085

M-10685-1P US

TITLE OF INVENTION: SYSTEM FOR MEASURING POLARIMETRIC SPECTRUM AND OTHER PROPERTIES OF A SAMPLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	06/11/2003
EXAM	INER	ART UNIT	CLASS-SUBCLASS		
PHAM,	HOA Q	2877	356-369000		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Castomer Number is required.		2. For printing on the patent fr the names of up to 3 registered or agents OR, alternatively, (2 single firm (having as a mean	petent attorneys ) the name of a ther a registered deRun	ns <u>Hsue</u> & tz LLP	
		attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

Shing Lee

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KLA-TENCOR CORPORATION	SAN JOSE , CA				
Please check the appropriate assignee category or categories (v	vill not be printed on the patent)	individual Corporat	ion or other private group entity	O government	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
D Issue Fee	MA check in the amount of the fee(s) is enclosed.				
20 Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.				
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(Authorized Signature)  NOTE: The Insua See and Publication Fee (if required) we other than the applicant; a registered attorney or agent; or interest as shown by the records of the United States Pattent as	r the assignee or other party in				
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